Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Rifle Association of America Political Victory Fund 11250 Waples Mill Road ADDRESS (number and street) (Check if address is changed) Fairfax 22030 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS madkins@nrahq.org (Check if address is changed) Optional Second E-Mail Address rsmith@nrahq.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.nrapvf.org (Check if address is changed) DATE 2015 C00053553 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mary Rose Adkins Type or Print Name of Treasurer Mary Rose Adkins [Electronically Filed] 19 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE .	
Ca	ndidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of ndidate		
	ndidate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of ididate		
Pai	rty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Pol	litical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Г		
FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ie	
National Rifle A	Association of America Political Victory	Fund
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
The National Rifle Ass	sociation of America	
Mailing Address	11250 Waples Mill Road	
ag / taa. eee		
	Fairfax VA 2	22030
	CITY STATE	ZIP CODE
Deletionship. M. Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the perso	n in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Mary Ros	e Adkins	1
of Treasurer	J11250 Waples Mill Road	
Mailing Address	T1250 Wapies Will Toda	
Tills on D. W	Fairfax VA 2 CITY STATE	ZIP CODE
Title or Position , Treasurer	703	267 1155 .

Telephone number

	II I (Iterisea	0 2/2009)	Page 4
Full Name of Designated Agent	Ray Smith		
Mailing Address	l	11250 Waples Mill Road	
	l	Fairfax VA CITY STATE	22030 ZIP CODE
Title or Position Assistant Treas	urer	Telephone number	703 - 267 - 1152
safety deposit bo			
Name of Bank, I	Wells Fa	argo Bank, N.A. 1753 Pinnacle Drive	.22102
	Wells Fa	argo Bank, N.A. 1753 Pinnacle Drive McLean	
Mailing Address	Wells Fa	argo Bank, N.A. 1753 Pinnacle Drive McLean CITY STATE	22102 ZIP CODE
	Wells Fa	argo Bank, N.A. 1753 Pinnacle Drive McLean CITY STATE	
Mailing Address	Wells Fa	argo Bank, N.A. 1753 Pinnacle Drive McLean CITY STATE	
Mailing Address Name of Bank, I	Wells Fa	argo Bank, N.A. 1753 Pinnacle Drive McLean CITY STATE Sanking & Trust Company	

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This amendment updates the committee's e-mail addresses. It also updates banking information shown on Line 9.

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı Bank of America P.O. Box 25118 Mailing Address 33622 Tampa CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Bank of the West 224 Box Butte Avenue Mailing Address 69301 Alliance ΝE CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number